norms of a long professional history; it would damage the relationship between doctors and patients, casting doubts in the minds of patients about the goals of life and health to which their doctors are committed; and it would be a step down a slippery slope leading to morally objectionable forms of euthanasia, such as involuntary euthanasia for the disabled.

"Legislation should authorise philosophers to perform euthanasia and assisted suicide."

But philosopher assisted suicide and euthanasia would avoid all these problems. Philosophers have no professional oaths and codes, and they are unencumbered by the traditions that seem to make many doctors reluctant to perform euthanasia. Nor is there usually a relationship between philosophers and patients that a policy of euthanasia might damage. More importantly, philosophers see distinctions between acceptable and unacceptable forms of euthanasia—distinctions that are apparently invisible to many doctors—that they believe would prevent a slide down the slippery slope. And they have the additional advantage of failing to see the distinctions that doctors see between withdrawing life sustaining treatment and administering a lethal injection that prevents doctors from endorsing the latter.

Some philosophers may think that their background and education have not supplied them with the training necessary to carry out euthanasia. This may well be a legitimate worry. But many doctors feel the same way.

Euthanasia has not traditionally been a major focus of medical education. Indeed, apart from the technical knowledge that would ensure that death is swift and painless, it is not entirely clear what the relevant skills to perform euthanasia would be. Whatever they may be it seems reasonable to think that if doctors are capable of learning them philosophers are too.

Some philosophers, like many doctors, will naturally worry about the way philosophers will come to be seen if they are given the authority to participate in euthanasia. But this worry presumes that euthanasia is an ethically objectionable intervention. If euthanasia is genuinely praiseworthy from an ethical point of view carrying it out should reflect well on philosophy and will only enhance the philosopher's professional reputation. Of course, if philosophers have personal moral objections to active euthanasia they should be free not to practise it.

As many philosophers also realise, there is a difference between thinking it best that something should happen and thinking that you should do it—between thinking that it would be best if a person were to die and thinking that you ought to kill him or her. The latter involves questions of personal moral responsibility for ending a human life that philosophers may be reluctant to take on. If so, then perhaps we should reconsider the implications of asking a profession to take on a duty for which it feels ill equipped, about which at least some of its members have deep moral reservations, and which carries such potentially grave consequences for those to whom that duty might be directed.

"Euthanasia has not traditionally been a major focus of medical education."

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MEDICINE AND THE MEDIA

British and American media response to a paper in the *British Journal of Epidemiology and Community Medicine* (1996;**50**:481-96)

Transatlantic storm in a teacup

Earlier this month an American paper was published in the United Kingdom indicating a link between induced abortion and breast cancer. Conspiracy theorists emerged in force on both sides of the Atlantic, but the contrast between the way the British and American press reported the paper could hardly have been greater. While the British press, for the most part, reported the findings with a dispassionate calm, the American press indulged in a blitz of antiabortion conspiracy theories that would have bemused even Machiavelli.

It was this contrasting approach by the media in Britain and America that reportedly led the paper's author, Professor Joel Brind, to publish his research in a British journal which he assumed American medical reporters did not routinely read. So it was that the *Journal of Epidemiology and Community Health*, one of the specialist journals owned by the BMJ Publishing Group, enjoyed its 15 minutes of mid-Atlantic fame. The research, from Joel Brind, professor of endocrinology at the City University, New York, and colleagues showed that a single abortion can significantly increase the chances of a woman developing breast cancer in later life.

Even before the press conference Professor Brind held to publicise his research, the critics were circling his camp. The *Wall Street Journal* on the day of the press conference carried the headline "Study on abortion and cancer spurs fight." It stated: "proponents of the study say that science, not politics, requires them to warn about the potential 'tragedy' of failing to alert women of the dangers they face when they have an abortion. But critics claim that politics, not science, is behind the study." The report quoted a succession of critics attacking Professor Brind's data and pointing out that the professor had previously published papers in "the organ of the National Right to Life Committee, the leading anti-abortion group in the US."

What would normally have been mundane production problems at the *Journal of Epidemiology and Community Health* had only fuelled the conspiracy theories. The journal's publication had been delayed by several weeks, so alas, Professor Brind's press conference preceded publication of his paper. The *Wall Street Journal* sniffed the scent of a fix. How come the article was being press released before it had been published, the newspaper inquired. On hearing the explanation of the journal's production difficulties, the newspaper's reporter asked what the *BMJ*'s response would be to the suggestion that the *BMJ* was being manoeuvred politically because abortion was such a sensitive issue in America. This bizarre suggestion was strongly refuted, and it was made clear that the decision to publish the paper was based solely on the scientific merits of the article.

All in all, more column inches were devoted to the paper's critics than to the research itself. Professor Brind had argued that although the first published evidence of the link between induced abortion and breast cancer had come in 1957, there seemed to have been a deliberate attempt to play down the findings. His critics responded by questioning the professor's objectivity, accusing him of sensationalising his work and pointing out that he had previously published articles in magazines supported by antiabortion groups.

Back in Britain there was little interest in political conspiracies. The press focused its angst on what appeared to be a deliberate breach of the embargo chosen for reporting of the Brind paper but in fact turned out to be more cock up than devious conspiracy.

While the British Pregnancy Advice Service set up a telephone helpline for women worried by the media reports, the real burden fell once again on family doctors in both continents who faced a week of consultations with anxious women. Meanwhile the conspiracy theorists were left practising their aim in readiness for the next onslaught—NIGEL DUNCAN, *BMA head of public affairs*